

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 400

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5553B

State File No. 42110

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prague Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the aged & infirm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo. 25 days
(Specify whether)
In this community all her life
(years, months or days)

3. (a) PRINT FULL NAME Elizabeth Ann Sands

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. ✓

4. Sex Female

5. Color or

race W

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Dec
(Month)

8
(Day)

1886
(Year)

8. AGE:

Years

Months

Days

If less than one day

55

10

7

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Kansas, SMO

10. Usual occupation

Housewife

11. Industry or business

12. Name

Unknown

13. Birthplace

(City, town, or county)

(State or foreign country)

Unknown

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

Unknown

16. (a) Informant

Parents, Jackson County Home

(b) Address

Little Bear, Mo

17. (a)

Burial
(Burial, cremation, or reinterment)

(b) Date thereof

Dec 17-41
(Month) (Day) (Year)

(c) Place: burial or cremation

St Marys R.C. mo

18. (a) Signature of funeral director

Cato & Speaks

(b) Address

Independence Mo

19. (a)

12-24-41
(Date received local registrar)

(b)

Shirley P. Jones
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1941 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 1 1941 to 12/15 1941
that I last saw her alive on 7/15/15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADE 11/19/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Poland R. R. R.

Licensed Embalmer No. 3604

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.